



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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March 20, 2018

Victor Topo, CEO
Center for Life Management
10 Tsienneto Rd.
Derry, NH 03038

Dear Mr. Topo,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Center for Life Management. This review took place from March 14, 2018 through March 15, 2018. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

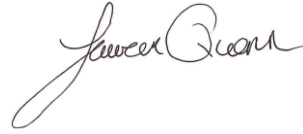
CLM is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on April 19, 2018.

- Human Resources Structure and Composition
 - H5: Continuity of Staffing
 - H7: Psychiatrist on Team
 - H10: Vocational Specialist on Team
- Organizational Boundaries
 - None to address
- Nature of Services
 - S6: Work with Support System
 - S8: Co-occurring Disorder Treatment Groups
 - S9: Co-occurring Disorders (Dual Disorders) Model

Thank you to all of the CLM staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Victor Topo
March 20, 2018
Page 2 of 2

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Quann", with a long, sweeping underline.

Lauren Quann
Administrator of Operations
Bureau of Behavioral Health
Lauren.Quann@dhhs.nh.gov
603-271-8376

LAQ/laq

Enclosures: CLM Initial Fidelity Review
CC: Karl Boisvert, Diana Lacey, Julianne Carbin, Susan Drown



Assertive Community Treatment Fidelity Assessment

Center for Life Management

On Site Review Dates: March 14th & 15th, 2018

Final Report Date: March 19th, 2018

David Lynde, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth Hitchcock Medical Center conducted an ACT Fidelity Review with Center for Life Management (CLM) on March 14th and 15th, 2018. The CLM ACT team is based out of the Derry, NH office. CLM's ACT team started delivering services March 2011.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the CLM staff in developing and providing these activities as part of ACT fidelity review process.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Nurse(s), ACT Peer Support Specialist, ACT Vocational Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Meeting with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

KEY

- ☒ = In effect
☐ = Not in effect

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	5	<p>The ACT team client to team member ratio is 6:1.</p> <p>Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}} = 6.1$ </p>	
H2	Team Approach	4	<p>The provider group functions as a team, and team members know and work with all clients.</p> <p>70% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.</p>	The ACT Team Leader should monitor the frequency that ACT staff rotates contact with different ACT clients. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.
H3	Program Meeting	4	<p>The following is the CLM ACT team meeting schedule: <u>Mondays, Wednesdays, and Fridays</u> - The full team meets and reviews each client, each meeting. <u>Tuesdays</u> - Identified as “administrative” meetings, where logistical and administrative needs are addressed, as well as clients are discussed as needed; this meeting typically does not discuss all clients.</p>	The ACT Team Leader should consider changing the format of the Tuesday and/or Thursday meeting to be consistent with the format of Monday, Wednesday, and Friday team meetings. All ACT disciplines should be present at these meetings. Having at least 4 ACT team meetings that reviews each ACT client enhances communication and assures the team approach is being actively monitored.

#	Item	Rating	Rating Rationale	Recommendations
			<p><u>Thursdays</u> – Identified as “clinical” meetings, utilized as case consultations only for clinicians; this meeting typically does not discuss all clients.</p> <p>Per the descriptions above, the ACT team meets 3 times per week to review all clients on the ACT team.</p>	
H4	Practicing ACT Leader	4	The ACT Team Leader provides direct client services approximately 30% of the time	The ACT Team Leader might want to consider tracking all of her direct service activities on a regular basis. The agency might also want to consider working with the ACT Team Leader to identify specific duties and requirements that impede the ACT Team Leader from providing necessary time in direct service to ACT clients. Many ACT Team Leaders start this process by doing a 2 week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT Team Leader from reaching this level of direct services.
H5	Continuity of Staffing	2	<p>The turnover rate for the ACT team in the past 2 years is 60%.</p> <p>Item formula: $\frac{\text{\# of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}$ $\frac{13}{11} \times \frac{12}{24} = .6$ </p>	<p>The agency might consider setting up a way to gather feedback from their current ACT Team staff to find out reasons they stay on the ACT Team (retention interviews). The agency might also want to consider gathering data about why staff have left the ACT Team via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. The ACT Team might consider making time for additional team building. Ideas include monthly celebrations and annual retreat.</p>

#	Item	Rating	Rating Rationale	Recommendations
H6	Staff Capacity	5	<p>On average, the ACT team operated at 97% of full staffing in the past 12 months.</p> <p>Item formula: $\frac{100 \times (\text{sum of \# of vacancies each month})}{\text{Total number of staff positions} \times 12} = \% \text{ of absent Positions}$ $\frac{100 \times 4}{11 \times 12} = 3\% \text{ of absent positions or } 97\% \text{ capacity}$</p>	
H7	Psychiatrist on Team	3	<p>The ACT psychiatrist is assigned 0.4 FTE on the ACT team, serving 59 ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{0.4 \times 100}{59} = .68 \text{ FTE per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the Psychiatry time to at least 0.6 FTE and more if the number of clients served increases.
H8	Nurse on Team	4	<p>The ACT Nurse is assigned 1.0 FTE on the ACT team, serving 59 ACT clients.</p> <p>Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{1.0 \times 100}{59} = 1.7 \text{ FTE per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the Nurse time to at least 1.2 FTE and more if the number of clients served increases.

#	Item	Rating	Rating Rationale	Recommendations
H9	Substance Abuse Specialist on Team	4	<p>While there are 2 staff each assigned to be 1.0 FTE Substance Abuse Specialist, one position is divided between providing primarily case management / FSS services and some COD services, and the other position is divided between providing primarily mental health counseling and some COD services. There was also some variability about whether or not there is an identified SAS. The ACT team as a whole was not clear on which staff were identified as SASs.</p> <p>While the identified SASs have training in CODs, it is not clear they fulfill all the functions as SASs on the ACT team. According to chart reviews and staff reports, one staff appears to primarily providing mental health counselling, while the other staff appears to be primarily providing MTS, case management and FSS. According to the chart reviews, clients identified with CODs were frequently not receiving specialized COD treatment.</p> <p>It is clear these positions are not used to provide COD services for the fast majority of the time, which does not meet the intent of this fidelity item.</p> <p>The ACT SASs are assigned 1.0 FTE combined on the ACT team, serving 59 ACT clients.</p> <p><u>FTE value x 100</u> # clients served = FTE per 100 clients</p> <p><u>(0.5 + 0.5) X 100</u> 59 = 1.7 FTE per 100 clients</p>	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. The ACT Team would benefit from clearly identifying and defining the role of Substance Abuse Specialist in a distinct position and assuring all ACT identified Substance Abuse Specialist functions and roles are carried out by those specifically designated Substance Abuse Specialist team members. Given the other duties outside of the SAS role these staff are providing, it is difficult for the SASs to fulfill the complete duties of ACT SASs. The team should make every effort to use limited substance abuse services exclusively for people with CODs.</p> <p>The ACT Team Leader might also want to provide clarity to the whole team about who is providing substance abuse services, as well as provide information about the scope and responsibility of that role. The designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the COD treatment model.</p>

#	Item	Rating	Rating Rationale	Recommendations
H10	Vocational Specialist on Team	2	<p>The ACT Vocational Specialist is assigned 0.3 FTE on the ACT team, serving 59 ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{0.3 \times 100}{59} = 0.51 \text{ FTE per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the Vocational Specialist time to at least 1.2 FTE and more if the number of clients served increases.
H11	Program Size	4	There are currently 9.7 FTE staff assigned to the CLM ACT team.	The ACT Team Leader and the agency should increase the Program Size by increasing the FTEs for the Psychiatrist, Nurse, SAS, and Vocational Specialist positions (Please see items H7 through H10). Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services, as well as assures other clients who might benefit from ACT services have access to ACT services.
O1	Explicit Admission Criteria	5	<input checked="" type="checkbox"/> The ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals <input checked="" type="checkbox"/> The ACT team actively recruits a defined population and all cases comply with explicit admission criteria	
O2	Intake Rate	5	The highest monthly intake rate in the last 6 months for the ACT team is 3 clients per month.	

#	Item	Rating	Rating Rationale	Recommendations
O3	Full Responsibility for Treatment Services	5	<p>The ACT team provides the following services:</p> <ul style="list-style-type: none"> ☑ Medication prescription, administration, monitoring, and documentation ☑ Counseling / individual supportive therapy ☑ Housing support ☑ Substance abuse treatment ☑ Employment or other rehabilitative counseling / support ☑ Psychiatric Services 	
O4	Responsibility for Crisis Services	4	<p>During the day, ACT clients call the ACT team directly or CLM Emergency Services (ES) during crises. After hours, ACT clients are directed to call ES. When calling ES, ACT clients are expected to identify themselves as an ACT client. ES contacts ACT Team directly during the day and contacts the ACT staff member who is on-call after hours. Emergency Services then makes a decision about the need for direct program involvement. According to client reports and record reviews, ES does not always contact the ACT team. Record reviews indicated ES sometimes handles crises or hospital admissions without direct consultation from the ACT team.</p>	<p>An immediate response directly from the ACT team can help minimize distress when clients are faced with crises. The ACT Team Leader and agency should work together to develop a protocol for the ACT Team to cover crises 24/7 directly in order to maintain continuity of care.</p> <p>Should ACT clients continue to call ES directly, the ACT team should come up with a protocol that allows ES to know who ACT clients are when they call, without requiring ACT clients to identify this.</p>
O5	Responsibility for Hospital Admissions	4	<p>According to the charts reviewed and ACT team member reports, the ACT team is involved in about 70% of hospital admissions.</p>	<p>The ACT Team should closely monitor all clients regularly so the ACT Team might either divert a crisis or be involved in hospital admissions. When the ACT Team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p>

#	Item	Rating	Rating Rationale	Recommendations
O6	Responsibility for Hospital Discharge Planning	4	According to the charts reviewed and ACT team member reports, the ACT team is involved in about 80% of hospital discharges.	The ACT Team should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge.
O7	Time-unlimited Services	4	According to ACT staff reports and data reviewed, approximately 7% of ACT clients are expected to graduate annually.	It is important the ACT Team develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care. The ACT Team Leader might also want to consider carefully tracking appropriateness of referrals into the ACT Team.
S1	Community-based Services	4	According to the data reviewed, the ACT team provided face-to-face community-based services approximately 76% of the time	It would be worthwhile for the ACT Team Leader to run occasional reports that provide feedback to team members on the percentage of time services are provided in the community.
S2	No Drop-out Policy	5	<p>98% of the ACT team caseload was retained over a 12-month period.</p> <p>Item formula: $\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}} = \text{Drop-out rate}$ $\frac{1}{59} = 0.02 \quad 2\% \text{ drop out}$</p>	
S3	Assertive Engagement Mechanisms	5	The ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement	

#	Item	Rating	Rating Rationale	Recommendations
S4	Intensity of Services	4	According to the data reviewed, the ACT team averages 109 minutes of face-to-face contacts per week.	It may be useful for the ACT Team Leader to provide specific feedback to ACT Team staff on the amount of service hours per week provided to specific ACT clients. High service intensity is often required to help clients maintain and improve their functioning in the community.
S5	Frequency of Contact	4	According to a month-long period reviewed, the ACT team averages 3.8 face-to-face contacts per week.	It may be useful for the ACT Team Leader to provide specific feedback to ACT Team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support, as well as is associated with improved client outcomes.
S6	Work with Support System	2	<p>For 55 clients, the ACT team averages .6 contacts per month with the client's informal support system in the community, according to the data reviewed.</p> <p>Item formula: <u>Contact# / month X clients w/networks</u> Total # of clients on team</p> $\frac{.62 \times 5}{59} = .58$	<p>Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>

#	Item	Rating	Rating Rationale	Recommendations
S7	Individualized Substance Abuse Treatment	4	<p>According to the data reviewed, ACT clients with Co-occurring Disorders average 13 minutes per week or more in formal substance abuse counseling.</p> <p>Item formula: $\frac{2 \times 660}{4} = 12.7 \text{ minutes / week}$</p> <p>According to the chart reviews, clients identified with CODs were frequently not receiving specialized COD treatment.</p>	<p>While there were 2 ACT Team members identified as being in the SAS roles according to documentation provided, these staff members did not appear to be providing individual COD counseling to multiple clients with COD. The 2 designated SAS staff members do provide multiple services to many clients when a COD is not addressed, however. It is important to assure that clients who will benefit from individual substance abuse treatment do receive that from the 2 designated SAS staff members on the team regularly.</p> <p>The ACT Team Leader also might want to provide clarity to the whole team about who is providing substance abuse services, as well as provide information about the scope and responsibility of that role. The designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the COD treatment model.</p>
S8	Co-occurring Disorder Treatment Groups	1	The ACT team is not currently offering COD groups to ACT clients.	Research continues to demonstrate that structured Co-Occurring Disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. The ACT Team Leader should work with CLM to implement ACT-run COD groups for ACT clients.
S9	Co-occurring Disorders (Dual Disorders) Model	3	The ACT Team uses a mixed model when providing services for clients with co-occurring disorders. The ACT Team members describe different approaches to helping people with co-occurring disorders; some stated there is no consistent approach within the ACT team to providing COD services.	The ACT Team Leader and the SASs should take an active leadership role in assuring the ACT Team has a good understanding of the Co-Occurring Disorders model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings.

#	Item	Rating	Rating Rationale	Recommendations
			Other staff members indicated the team does not have discussions about specific approaches or strategies to help clients with COD. When asked about specific stage-wise interventions regarding working with clients with COD, staff members responded in significantly variable ways; this was similar to the mixed information also found in clients' records.	<p>The SAS exclusively substance abuse services, as well as the ACT Team Leader providing clarity to the whole team about who is providing substance abuse services would be 2 critical steps to meeting the needs of ACT Team clients with CODs and assuring the ACT Team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.</p> <p>The ACT Team Leader should assure that both Substance Abuse Specialists have specific training for working with clients with CODs. Although training in substance abuse counseling might be helpful, it's important the SASs are skilled in an integrated approach. Research suggests that an integrated approach increases engagement in treatment and improves client outcomes.</p>
S10	Role of Peer Specialist on Team	4	<p>The ACT team has a full time Peer Support Specialist. According to staff reports, the PSS has reduced access to some team activities. The PSS is not included in treatment planning meetings, quarterly review meetings, or asked for input regarding behavior plans.</p> <p>According to staff reports and records reviewed, the ACT PSS's time is divided between peer support services and FSS and MTS services.</p>	<p>Research demonstrates that including peers as team members improves practice culture, making it more attuned to clients' perspectives. The PSS should have full participation in all client related activities and treatment planning. The PSS's involvement may play a critical role in facilitating engagement of clients in their treatment plan, especially for clients that are mandated to treatment.</p> <p>The ACT Team Leader should monitor the Peer Support Specialist activities routinely to assure that the peer support needs of clients are being met by the Peer Support Specialist. FSS and MTS duties can be provided by other members of the ACT Team, while peer support services can only be provided by the PSS.</p>

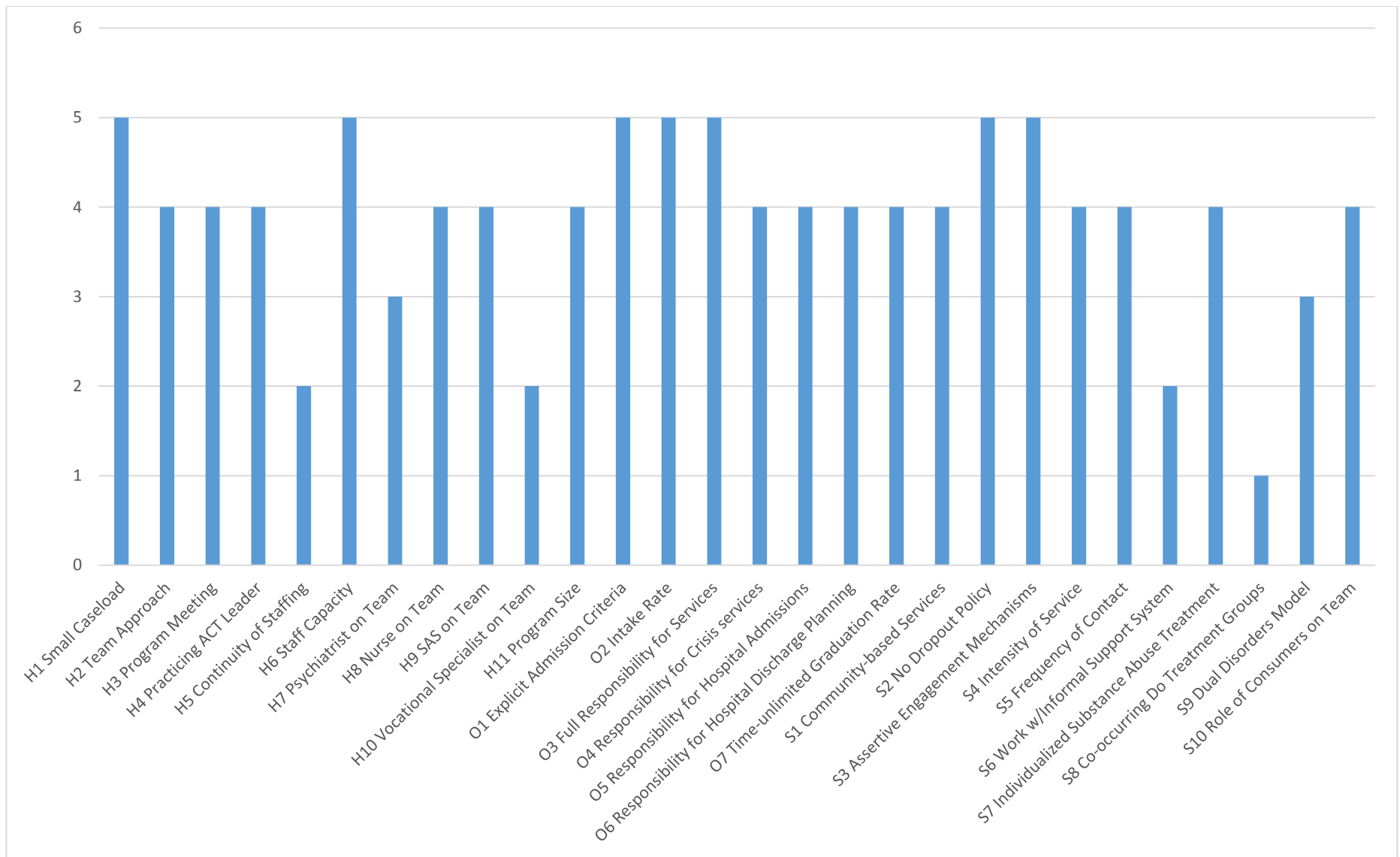
CLM ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	2
H6 Staff Capacity	5
H7 Psychiatrist on Team	3
H8 Nurse on Team	4
H9 SAS on Team	4
H10 Vocational Specialist on Team	2
H11 Program Size	4
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	4
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital Discharge Planning	4
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	4
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	4
S5 Frequency of Contact	4
S6 Work w/Informal Support System	2
S7 Individualized Substance Abuse Treatment	4
S8 Co-occurring Do Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	4
Total	108

113 - 140 = Full Implementation

85 - 112 = Fair Implementation

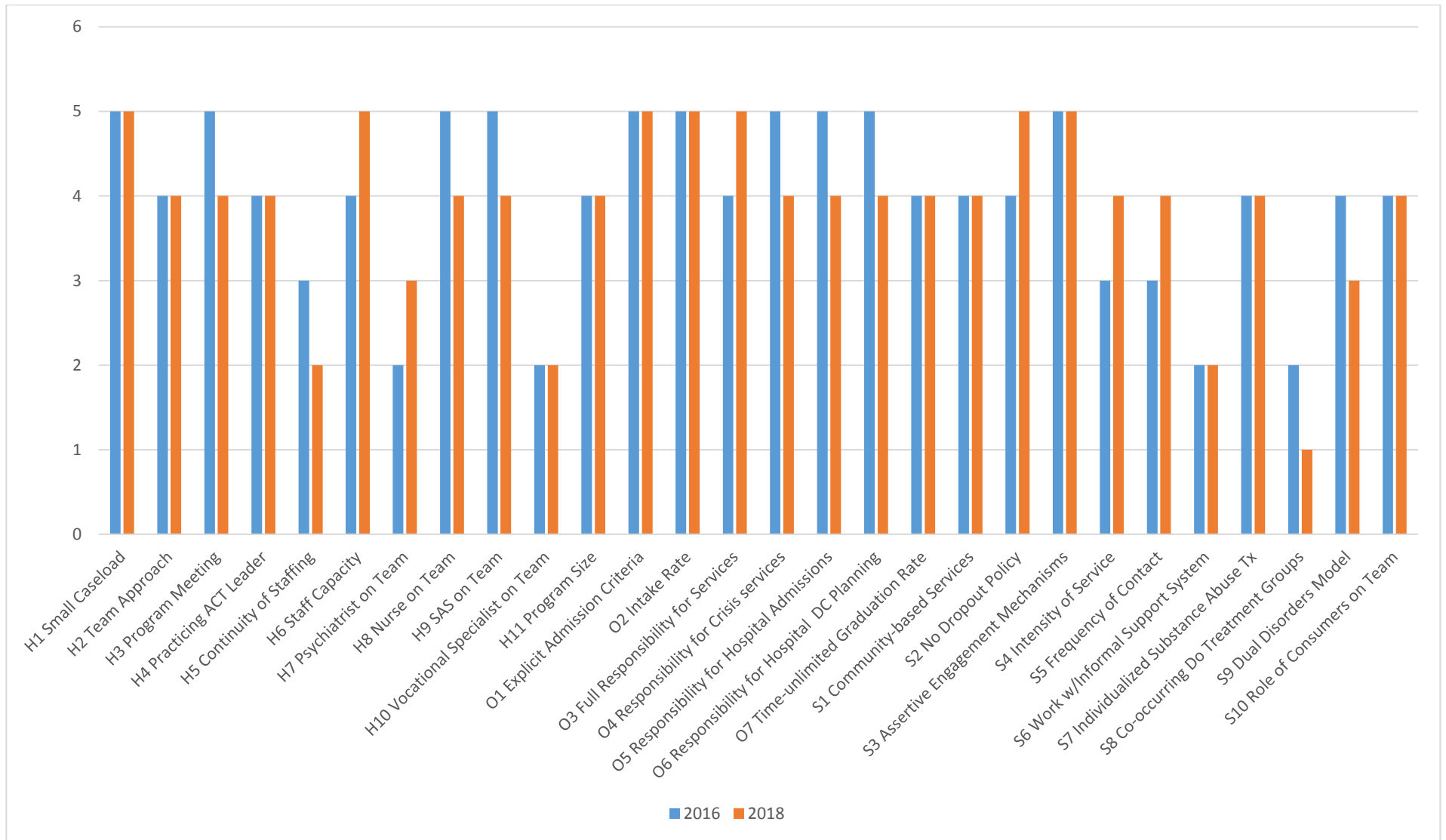
84 and below = Not ACT

CLM ACT Items March 2018



CLM ACT Score Comparisons by Year		2016	2018
Items		Rating 1 -5	Rating 1 -5
H1 Small Caseload		5	5
H2 Team Approach		4	4
H3 Program Meeting		5	4
H4 Practicing ACT Leader		4	4
H5 Continuity of Staffing		3	2
H6 Staff Capacity		4	5
H7 Psychiatrist on Team		2	3
H8 Nurse on Team		5	4
H9 SAS on Team		5	4
H10 Vocational Specialist on Team		2	2
H11 Program Size		4	4
O1 Explicit Admission Criteria		5	5
O2 Intake Rate		5	5
O3 Full Responsibility for Services		4	5
O4 Responsibility for Crisis services		5	4
O5 Responsibility for Hospital Admissions		5	4
O6 Responsibility for Hospital DC Planning		5	4
O7 Time-unlimited Graduation Rate		4	4
S1 Community-based Services		4	4
S2 No Dropout Policy		4	5
S3 Assertive Engagement Mechanisms		5	5
S4 Intensity of Service		3	4
S5 Frequency of Contact		3	4
S6 Work w/Informal Support System		2	2
S7 Individualized Substance Abuse Tx		4	4
S8 Co-occurring Do Treatment Groups		2	1
S9 Dual Disorders Model		4	3
S10 Role of Consumers on Team		4	4
Total		111	108

CLM ACT December 2016 and March 2018 Comparison



NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Quality Improvement Plan Template
Center for Life Management

Location: Center for Life Management - Derry, NH

Date: 4/11/2018

ACT Fidelity Area in Need of Improvement: H5 Continuity of Staff

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Develop our bachelor's level internship program to include a track for bachelor's level interns to promote continuation through graduate school, utilizing our collegiate contacts and on-site contacts with New England College.	Contracted intern becomes a fulltime masters level clinician on the ACT team and sustains for at least 3 years	4/11/18	Ongoing	Valerie O'Brien
Assess staff requests and develop trainings to meet current staff requests; Motivational Interview, Stages of Change, Substance Use Disorders, etc.	Staff reports improved confidence and efficacy in their work	4/11/18	Ongoing	Valerie O'Brien
Continue with annual offsite ACT retreat and celebration of staff birthdays and consumer successes on a consistent basis	Supportive work environment with increased job satisfaction.	4/11/18	Ongoing	Valerie O'Brien/Peter Klecan

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ACT Fidelity Area in Need of Improvement: H7 Psychiatrist on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work within CLM to explore ways to increased prescriber hours to be more available to ACT team and its clients	Increased ACT time with ACT prescriber	7/1/2018	Ongoing	Steve Arnault
Explore funding options – Review IDN criteria and request funding if appropriate	Increased revenue to increase prescriber time	7/1/2018	Ongoing	Steve Arnault

NH Department of Health and Human Services
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ACT Fidelity Area in Need of Improvement: H10 Vocational Specialist of team

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Case Management will improve assessment of employment needs during monthly contacts for each consumer on the ACT team.	Identified needs for Supported Employment will increase. This would allow the ACT team staff to be able to identify those consumers that are ready and willing to work with the SE provider and start the service which would increase the FTE to the team.	4/11/18	Ongoing	Valerie O'Brien
Complete referral for Supported Employment each time a need is identified	Increase SE delivery on ACT team. Currently our SE provider on ACT is ready and available to start services immediately when someone is willing to participate and the FTE would be expanded	4/11/18	Ongoing	Amy Izzett

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ACT Fidelity Area in Need of Improvement: S6: Work with Support Systems

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

Improvement Strategies (select all that apply):

☐ Policy change
 ☒ Practice change
 ☐ Process change
 ☐ Workforce Development
☐ Infrastructure improvement
 ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Improve staff documentation of contact with consumer support systems.	ACT team staff to document all contacts made with support systems.	4/11/18	Ongoing	Valerie O'Brien
Increase efforts by ACT staff to identify/increase contact	ACT team staff will increase the frequency	4/11/18	Ongoing	Valerie

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with consumer supports during case management assessment, at least monthly.	in which contact is made with support system and/or the frequency in which consumer's refuse contact with supports. Although this was not identified as one of our top 3 items to focus on we will continue to address, all Fidelity items on and ongoing basis including to increase staff perspective on the definition of support systems.			O'Brien

ACT Fidelity Area in Need of Improvement: S8: Co-occurring Disorders Treatment Group

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion	Lead Person
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NH Department of Health and Human Services
Bureau of Mental Health Services

			Date	
ACT staff will continue use of Motivational Interview strategies with consumers to increase participation in a Co-occurring Disorder Treatment group.	At least 3 ACT consumers will participate in a COD group.	6/1/18	Ongoing	Valerie O'Brien
ACT Substance Abuse Specialist will lead/co-lead a Co-occurring Disorder Treatment group.	ACT SAS active participation in COD group.	6/1/18	Ongoing	Valerie O'Brien

ACT Fidelity Area in Need of Improvement: S9: Co-occurring Disorders Model

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5

Improvement Strategies (select all that apply):

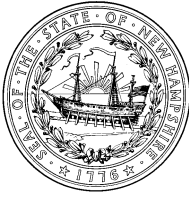
☐ Policy change
 ☐ Practice change
 ☒ Process change
 ☒ Workforce Development
☐ Infrastructure improvement
 ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

NH Department of Health and Human Services
Bureau of Mental Health Services

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Provide training and supervision to ACT staff to increase education, awareness, and confidence in use of stage wise interventions for CODs.	All ACT staff will be able to identify the appropriate stage wise interventions being used for the appropriate ACT consumer.	4/11/18	Ongoing	Valerie O'Brien
Increase COD treatment training to all ACT staff.	ACT staff to attend COD trainings regularly offered by Dartmouth as well as additional formal and informal trainings.	4/11/18	Ongoing	Valerie O'Brien

Include additional forms if needed.



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
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April 23, 2018

Victor Topo, CEO
Center for Life Management
10 Tsienneto Road
Derry, NH 03038

Dear Mr. Topo,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on April 19, 2018 that was in response to the ACT Fidelity Review conducted on March 14, 2018 through March 15, 2018. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement. Follow up will be conducted on a quarterly basis using the attached ACT Fidelity Review Quality Improvement Plan Progress Report.

Please contact myself if you have any questions regarding this correspondence at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

A handwritten signature in cursive script, reading "Lauren Quann".

Lauren Quann, MS
Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
603-271-8376

LAQ/laq

Enclosures: XXX

CC: Karl Boisvert, Diana Lacey, Susan Drown, Julianne Carbin